KIWANIS MANOR INC

3271 NORTH ST

EAST TROY 53120 Phone: (262) 642-3	995	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operati	on: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	50	Average Daily Census:	46

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	54.0
Supp. Home Care-Personal Care	No					1 - 4 Years	34.0
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	6.0	More Than 4 Years	12.0
Day Services	No	Mental Illness (Org./Psy)	30.0	65 - 74	8.0		
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	36.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.0	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.0	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	2.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	16.0	65 & Over	94.0		
Transportation	No	Cerebrovascular	10.0			RNs	8.4
Referral Service	No	Diabetes	6.0	Gender	8	LPNs	10.1
Other Services	No	Respiratory	6.0			Nursing Assistants,	
Provide Day Programming for	j	Other Medical Conditions	20.0	Male	32.0	Aides, & Orderlies	38.2
Mentally Ill	No			Female	68.0		
Provide Day Programming for	j		100.0	İ			
Developmentally Disabled	No			İ	100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	1	2.8	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0	
Skilled Care	4	100.0	245	34	94.4	132	0	0.0	0	10	100.0	165	0	0.0	0	0	0.0	0	48	96.0	
Intermediate				1	2.8	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependen	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		36	100.0		0	0.0		10	100.0		0	0.0		0	0.0		50	100.0	

************************************ Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 ______ Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health 6.9 Dependent Residents Private Home/With Home Health 4.2 Bathing 6.0 50 0.0 94.0 16.0 Other Nursing Homes 12.5 Dressing 80.0 4.0 50 70.8 İ 24.0 52.0 24.0 50 Acute Care Hospitals Transferring Psych. Hosp.-MR/DD Facilities 0.0 Toilet Use 12.0 74.0 14.0 50 Rehabilitation Hospitals 0.0 Eating 42.0 46.0 12.0 50 5.6 Other Locations Total Number of Admissions 72 Continence Special Treatments 웅 Percent Discharges To: Indwelling Or External Catheter Receiving Respiratory Care 4.0 0.0 Private Home/No Home Health Receiving Tracheostomy Care 2.9 Occ/Freq. Incontinent of Bladder 90.0 0.0 Private Home/With Home Health 24.6 Occ/Freq. Incontinent of Bowel Receiving Suctioning 84.0 0.0 Other Nursing Homes 4.3 Receiving Ostomy Care 2.0 Acute Care Hospitals 13.0 Mobility Receiving Tube Feeding 2.0 Physically Restrained Psych. Hosp.-MR/DD Facilities 0.0 0.0 Receiving Mechanically Altered Diets 24.0 Rehabilitation Hospitals 0.0 Other Locations 13.0 l Skin Care Other Resident Characteristics Deaths 42.0 With Pressure Sores 10.0 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 4.0 (Including Deaths) 69 Receiving Psychoactive Drugs 72.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Non	profit	50	-99	Ski	lled	All	
	Facility	Facility Peer Group			Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	94.4	0.97	88.5	1.04	87.7	1.05	88.8	1.04
Current Residents from In-County	44.0	77.1	0.57	72.5	0.61	70.1	0.63	77.4	0.57
Admissions from In-County, Still Residing	20.8	24.2	0.86	19.6	1.06	21.3	0.98	19.4	1.07
Admissions/Average Daily Census	156.5	115.9	1.35	144.1	1.09	116.7	1.34	146.5	1.07
Discharges/Average Daily Census	150.0	115.5	1.30	142.5	1.05	117.9	1.27	148.0	1.01
Discharges To Private Residence/Average Daily Census	41.3	46.1	0.90	59.0	0.70	49.0	0.84	66.9	0.62
Residents Receiving Skilled Care	98.0	97.0	1.01	95.0	1.03	93.5	1.05	89.9	1.09
Residents Aged 65 and Older	94.0	97.0	0.97	94.5	0.99	92.7	1.01	87.9	1.07
Title 19 (Medicaid) Funded Residents	72.0	64.4	1.12	66.3	1.09	68.9	1.04	66.1	1.09
Private Pay Funded Residents	20.0	24.7	0.81	20.8	0.96	19.5	1.03	20.6	0.97
Developmentally Disabled Residents	2.0	0.5	3.95	0.4	5.38	0.5	4.06	6.0	0.33
Mentally Ill Residents	32.0	35.9	0.89	32.3	0.99	36.0	0.89	33.6	0.95
General Medical Service Residents	20.0	24.7	0.81	25.9	0.77	25.3	0.79	21.1	0.95
Impaired ADL (Mean)	47.2	50.8	0.93	49.7	0.95	48.1	0.98	49.4	0.96
Psychological Problems	72.0	59.4	1.21	60.4	1.19	61.7	1.17	57.7	1.25
Nursing Care Required (Mean)	5.3	6.8	0.78	6.5	0.81	7.2	0.73	7.4	0.71